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AMA AMARIAN AMARIAN AMARIAN				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9543 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 0 15 Tals were class Upper Fairmount d. NAME OF HOSPITAL (If not in hospital, give street oddress) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D home NAME OF First Middle 4. DATE Yeor (Type ogaprint) DEATH 6. COLOR PRACE 7. MARRIED NEVER MARRIED 9. AGE (In years UPUNDER I YEAR IF UNDER 24 HA 5. SEX B. DATE OF BIRTH WIDOWED DIVORCED T SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY IT EIRTHPIACE (State or foreign country) CITIZEN OF WHAT COUNTRY? uring most prorking life, even if retired) Upper Fairmount, Md. U.S.A. 13. FATHER'S NAMES 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT or dates of service) 18. CAUSE OF DEATH [Enter only one couse per Tipe for (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. fi. While Not while of work of work p. m. 21. I certify, that I attended the deceased from. ., 1924, that I last sow the deceased and that death occurred at Mile A Mr. from the causes and on the dote stated above. ADDRESS (Street, city or town, figte) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22C/NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) EMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Orthur S. Frank DATE AUG 1 1 '59 15M 9/55

CERTIFICATE OF STATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9544

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Reg.	Dist.	No.			-		

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PLACE OF DEATH o. COUNTY Somerset

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Somerset

b. CITY OR TOWN III autside corporate fimils, write RURAL

c. LENGTH OF STAY IN 16

c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)

240. REC'D BY REGISTRAR

DATEAUG 1 9 '59

246. REGISTRAR'S SIGNATURE

archun S. Kraus

Rur	mbley		Lifetime	× Run	bley				
d. NAME OF HOSPI	TAL OR INSTITUTION (I	lf not in hospital	, give street address	d. STREET ADDRE	SS			10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	JOHN		Middle VFORD	FRENCH	4. DATE OF DEATH	Mont			Yeor 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	T 65 4	908	9. AGE (In years lost birthday) 51 yrs.	Months Do	EAR IF UNI	DER 24 HFS Min.
	ON (Give kind of work on life, even if retired)	done 10b. KIND Seaf		Rumbley.		country)	U S	N OF WHAT	F COUNTR'
13. FATHER'S NAME	Samuel E.	French		14. MOTHER'S MAID	en name nerva T	yler	N. E		
15. WAS DECEASED EV [Yes, no. or unknown] NO	VER IN U. S. ARMED FO (If yes, give wor or dates of			Mrs. Esther M	4. Frenc	Address hRumble		yland	
	ediote couse	Ac		ary Heart Disc	ease			10 Mi:	EATH
CAMO				BUT NOT RELATED TO THE T			VEN IN PART I		AUTOPSY ORMED? NO
20g. EXTERNAL CA PRIMARY (1) or CO CAUSE OF DEATH.	INTRIBUTING []	b. DESCRIBE HO	W INJURY OCCURE	RED. (Enter noture of injury in	Part I or Part II	of item 18.)			
20c. TIME OF INJU		While of work	Not while	PLACE OF INJURY (Home, factory, street, office bldg.	form, 20f. (City, etc.)	y or town)	(Count	у)	(Stole)
		Natural cau	ses 🖺 , Accid	ASSISTANT MI		I ER 🔲	Inquiry ermined mo	DATE	nd in my
220. BURIAL CREMATIC REMOVAL (Specify Buria)	ON, 226. DATE THEREC	OF 22c	NAME OF CEMPTER			TION (City, lown, Fairmount		(Sto	ile)

R: This certificate shavid be executed.

the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the tunctor arrective word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the tunctor for yellowing the following the following the pages 1 and 2 with the State Board. 3 shauld be used as a buriol-transit permit. File pages cremotian, its designated agent 4 should be forward.
TO FUNERAL DIRECTOR: TO DEPUTY MEDICAL EX VS. A15ME

5M 2/57



23. FUNERAL DIRECTOR'S SIGNATURE

Bradshaw & Sons--Crisfield. Md.

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13. FATHER'S NAME (Yes no or unknown) NO gove rise to immediate couse (o), stoting the underlying couse lost

MEDICAL

PLACE OF DEATH

OR INSTITUTION

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NAME OF

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(Type or print)

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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year Hour o. m

p. m

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

AUGUST 19 50at I last saw the deceased and that death accurred at 5:40 PM, from the causes and an the date stated above.

DATE SIGNED

PERFORMED?

YES NO

(Stote)

ACTUAL SIGNATURE

While

20d. INJURY OCCURRED

at work of work

Not while

DUF TO

21. I certify that I attended the deceased fram

ADDRESS (Street, city or town, stote)

PHYSICIAN'S NAME (Type C.G.RAWLEY. M.D.

CRISFIELD

229. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify)	22- NAME OF CEMETERY OF CREMATORY	27 LOCATION H	City, lown, or county)	Md, (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / 24a. RE	C'D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE
Janes Hennen	Chestell ma DATE	lig 2 5 '59	arthur S.	Kraus

0 VS A1S (4) 1SM 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ERTIFICATE OF DEA
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339	10	CERTIF	ICATE	OF DEAT	Н		Reg. D	ist. No		
o. COUNTY	Somerset	MARYL	1 0 5	AL RESIDENCE (WITATE		d lived. If institution b. COUNTY	-	ence befo		ion)
RURAL ond give			N 16 c. C	ITY OR TOWN (IF		prote limits, write R	URAL ond	give nec	arest town	1)
	Crisfield PITAL (If not in hospital, give 124 Maryland		/ d. :	STREET ADDRESS	arylan	d Ave.				FARM?
B. NAME OF DECEASED (Type or print)	First EMMA	Middle VIRGINI	а но	Last LLAND	4. DATE OF DEATH	Mon Augu		12	,	Year 19 59
s. sex Female		MARRIED NEVER MARRIED		OF BIRTH . 28, 188	33	9. AGE (In years lost birthdoy) 76 yrs.		R 1 YEAR Doys	Hours	R 24 HR Min.
0o. USUAL OCCUPAT during most of we Housewi	orking life, even if retired)	ne 10b. KIND OF BUSINESS OR At Home		BIRTHPLACE (Stote Crisfield				S.A	WHATC	OUNTRY
3. FATHER'S NAME	James H. Dav	gherty	14. M	other's maiden Gra		ittingham	1			
15. WAS DECEASEDEY (Yes, no, or unknown) NO	/ER IN U. S. ARMED FORCE (If yes, give war or dales of servi	5? 16. SOCIAL SECURITY NO.	INFORMA Edward		Hall	Add Highway-		sfie	ld, l	Md.
	EATH [Enter only one coust EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	e per line for (o), (b), and (c).]	Darle	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -				INT	ERVAL BE	TWEEN
Conditions, if gove rise to couse (o), stotin lying couse los	ony, which on the limited of the limited of the limited by the lim	Arterischer	stri i	Heart	Du	ine		3	2	An
PART II. O	THER SIGNIFICANT CONDI	TIONS <u>CONTRIBUTING TO DEAT</u>	H BUT NOT RE	ATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(o)	PERFC	AUTOPS RMED? NO
20a. ACCIDENT V	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY-OC	CURRED. (Enter	noture of injury in	Port I or Po	rt II of item 1B.)				
20c. TIME OF INJU	. 10	20d. INJURY OCCURRED While Not while of work of work	foctory, stre	NJURY (Home, for eet, office bldg., et	m, 20f. (Cit	y or town)		(County)		(Stot
21. I certify alive an	Jug. 12	eceased from Dec, 1959, and that of Barr, M.D.		med at 7:30	P.M. fram ADDRESS (S	the causes and treet, city or town, Cunfull risfield,	and an the stote)			
220. BURIAL, CREMAT REMOVAL (Specif BUTIAL	Aug.16,19	22c. NAME OF CEMET 59 Sunnyridge				TION (City, town, sfield, M)	(Stot	e)
23. FUNERAL DIRECTO		ADDRESS onsCrisfield,	Md.		G 2 4 '5				RE	

TO HOSPITAL OR ATTENTING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Par may be retained by the pital or attending physician.

TO FUNERAL DIRECTOR: Arier this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled the registrar prior to burial, crematian, or remaval, and in any event within 72 hay's after death. VS A15 (4) 15M 9/58



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23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09518 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE

	LACE OF DEATH						2. USUAL RE	SIDENCE (WI	here decease	d lived. If instit	ution: Reside	nce befo	re admiss	ion)
	SO1	merset			MARYLAN	ND	o. STATE	Maryl	and	b. COUN	ry So	mer:	set	
ı	. CITY OR TOWN (If	cutside corporate limi	ts, write	c. LENGTH OF	F STAY IN	16	c. CITY OF	TOWN (If	outside corpo	orote limits, write	RURAL ond	give nec	prest town	1)
R		omoke Cit	y	22 ye	ears		X	Rural	Poc	omoke (City			
4	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)			d. STREET	ADDRESS					e. 15 RES	IDENCE
R	.F.D. #1						/	R.F.I). #1					PARM?
1	NAME OF DECEASED	Fir	st		Middle		L	ost	4. DATE	M	onth	Do	У	Year
	Type or print)	RENA	1		MAE		HOL	LY	OF DEATH	Augus	st	1	-	1959
5	EX	6. COLOR OR RACE	7. MARR	IED X NEVER	MARRIED [7 B.	DATE OF BIR	TH		9. AGE (In yea	IF UNDE	RIYEAR		R 24 HRS.
F	emale	White	WIDOWE		VORCED [Sept.	18, 1	.882	lost birthday	Months .	Doys	Hours	Min.
)a	USUAL OCCUPATION	N (Give kind of work on his life, even if retired	done 10b.	KIND OF BUSIN	VESS OR I	NDUST	RY 11. BIRTH	PLACE (Stote	or foreign o	country)	12. CI	ITIZEN O	F WHAT	COUNTRY
	Housewif	ng ilie, even it retired.						Vire	inia		II	SA		
ì.	FATHER'S NAME						14. MOTHER					-		
	Noah Sta	nt					Mar	y Mil	es					
		IN U. S. ARMED FOR		SOCIAL SECURI	TY NO. 1	7. INI	FORMANT	U		A	ddress			
-91	NO (I	f yes, give wor or dates of s	ervice)	None		Toh	n T.	Holly	RF	D 1. Po	como	ke (Citv	. Md
7	18. CAUSE OF DEAT	TH [Enter only one co	use per lir						7				ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:		Pulmon		000	dema					ONS	ET AND	DEATH
ı	501 V	IMMEDIATE CAUSE (o		I ULINOII	Chi. y	UCC	reina						aa.	ys
ı	Conditions, if an	DUE TO		Degene	rati	ve	Heart	Dise	ease			Ye	ears	
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	couse (o), stoting the	he under-		Chroni	c Ne	nha	pitio					Ve	ars	
	lying couse lost.) (c				alle.								-
I	Page 13	er significant con	2 POITIONS	ONTRIBUTING	TO DEATH	BUTN	NOT RELATED TO	Sthe Lekw	LODS T	abdomer	SIVEN IN PA	RT 1(o) 1		
ı	20a. ACCIDENT WAS			CRIBE HOW INJ							1 -		102	но 🗌
I	OR CONTRIBUTING	CAUSE OF DEATH		CRIDE 170 VV IVO	OKT OCCO	ANLD.	friner indiore	or injury in	1011101101	7 11 Of 11em 16.)				
ı	20c. TIME OF INJURY	Month, Day, Yes	er 20d. It	NJURY OCCURR	ED 20e		E OF INJURY			or town)		(County)		(Stote)
I	Hour a. j., p. m.	19	While of work	Not while of work		focio	ory, street, offi	ce bldg., etc)					
ı	21. I certify the	at I attended the	decens	ed from	lau.	7/2	105	7 10/1	ua.	19.5	9 that I	lest si	ou the	deceased
ı	alive an	1 29	10	1	that da	ath a		3000		n the causes				
1	dive di	18611		- Cund	mulde	am c	occurred a			n the causes treet, city or tow		the da		ed abave
1	ACTUAL	(Ve ast	- 1	1) 1	and	0.	/		Nooness (s	moei, city of low	ii, siolej		8	7 /50
	SIGNATURE	- LICELLO	36	ha kel	ucc	- W	0						- 0/	7/23
	PHYSICIAN'S CI	harles W.	Tra	der. N	1. D.		302 Ms	arket	St	Pocomo	ko Ci	+ 17	MA	
2	(1)/10/	, 22b. DATE THEREO						07 150 0						
.0	REMOVAL (Specify)	S 2 50		Tohn M		-	OR MAI	norie		TION (City, town			(Stote	e) med md

24a. REC'D BY REGISTRAR

AUG 5

Md . DATE

24b. REGISTRAR'S SIGNATURE

Osthun S. Kings

ADDRESS

Pocomoke City,

this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please re the registrar prior to burial, crematian, ar remaval, and in any event within 72 TO FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9548 CERTIFICATE OF DEATH

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					Keg. Dist. No.	
1. PLACE OF DEATH o. COUNTY SOMER	SET	MARYLAND	2. USUAL RESIDENCE (WI o. STATE MAR Y	here deceased lived. If inst b. COU		and the same of th
b. CITY OR TOWN (If outside con RURAL and give nearest town) CRISFIELD		LENGTH OF STAY IN 16	20 ~	outside corporate limits, write $FIELD$	te RURAL and give nec	rest town)
EDW. W. MCCR	n haspital, give street ad EADY MEM	O. HOSP.	d. STREET ADDRESS MAR I	NERS ROAD		e. IS RESIDENCE ON A FARM? YES M NO
3. NAME OF DECEASED (Type or print)	First JULIU	Middle T.	JOHNSON	4. DATE OF AUGU	Month Do	Yeor 1959
S. SEX 6. COLOR MALE WH1		DIVORCED	8. DATE OF BIRTH Nov. 28, 1876	9. AGE (In ye last birthdo	ors tF UNDER 1 YEAR Days yrs.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give ki during most of working life, ev FARMER	en if retired)	ND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State MAR YL		U. S	WHAT COUNTRY?
13. FATHER'S NAME ELIJAH JOE	HNSON		14. MOTHER'S MAIDEN IN	D	OON	
1S. WAS DECEASED EVER IN U. S. (Yes, no, or unknown) (If yes, give w NO	or or dates of service)		INFORMANT ANSON JOHN		Address 44, CRIS	FIELD,
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART II. OTHER SIGNIF 20a. ACCIDENT WAS UNDERLY	erio sele	hebitis, NTRIBUTING TO DEATH BU PROTECT LE	Chronic Chronic IT NOT RELATED TO THE TERM art clis ED. (Enter nature of injury in	INAL DISEASE CONDITION	GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO
20c. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E 20c. TIME OF INJURY Month, Hour o. m. p. m.	OF DEATH EXAMINER)	URY OCCURRED 20e. P	LACE OF INJURY (Home, farm octory, street, office bldg., etc	1, 20f. (City or tawn)	(Caunty)	(Stote
21. I certify that I atterative on AUGUST ACTUAL SIGNATURE PHYSICIAN'S C C		and that deat		ADDRESS (Street, city or to	and an the date own, stote)	the deceased stated abave DATE SIGNED
Transit (1) per	ATE THEREOF	22c. NAME OF CEMETERY (22d. LOCATION (City, to Crisfield,	wn, ar county)	(State)
23. FUNERAL DIRECTOR'S SIGNATU	JRE	ADDRESS	240. REC	D BY REGISTRAR 24b. F	REGISTRAR'S SIGNATUI	RE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(State)

DATE SIGNED

9	549	CERTIF	FICATE OF DEA	TH		Reg. Dis	t. No.	(13	52
1. PLACE OF DEATH COUNTY Somerset		MARYL	AND 2. USUAL RESIDENCE o. STATE Maryland		b. COUNTY			dmissio	in)
b. CITY OR TOWN (II RURAL and give ne Venton	f outside corporate limits, write corest town)	57 Years		(If outside corporate	limits, write RL	JRAL and g	ive neares	town)	
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give street	address)	d. STREET ADDRES	S			- 0	S RESID	NO M
3. NAME OF DECEASED (Type or print)	Moody	Middle W.	Jones	4. DATE OF DEATH	Mont 8	h	Doy 30		9 59
s. sex Male	6. COLOR OR RACE 7. MAR Colored WIDOW	RIED NEVER MARRIED	-1 -1 - 1 -		AGE (In years lost birthday) 57 yrs.	Months		UNDER	24 HRS. Min.
100. USUAL OCCUPATION during most of work	ON (Give kind of work done 10b. ing life, even if retired)		ctory. Mary		(עי)		ZEN OF V	VHAT C	OUNTR
13. FATHER'S NAME Enous	Jones		Julia N					36	
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT Florence Jo	omes.Pri	ncess		,Md	RT	#3
	TH [Enter only one couse per li TH WAS CAUSED BY: IMMEDIATE CAUSE (o) M DUE TO		infarction				INTERV ONSET	AND D	DEATH
Canditions, if or		coronary a	arterioscler	sis			ye	ars	

DUE TO couse (a), stating the underlying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES NO

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL

20c. TIME OF INJURY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)

20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.)

Not while at work at work p. m. 21. I certify that I attended the deceased from. ...that I last saw the deceased 2a and that death occurred of M, from the couses and on the date stated above.

ACTUAL

Dames Quarter, Maryland

PHYSICIAN'S NAME (Type) Everett C.SutterMD

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) Grace

Venton

DATE

22d. LOCATION (City, town, or county) (Stote)

23. FUNERAL DIRECTOR'S SIGNATURE William H. James Jr. Princess Anne. Md

ADDRESS

20d. INJURY OCCURRED

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ADDRESS (Street, city or town, state)

TO FUNERAL DIRECTOR VS A15 (4) 1SM 10/S7

requires that the death certificate be executed within 24 haurs after death.

attending physician and campletely filled remave carban papers. death

event within 72 hours after

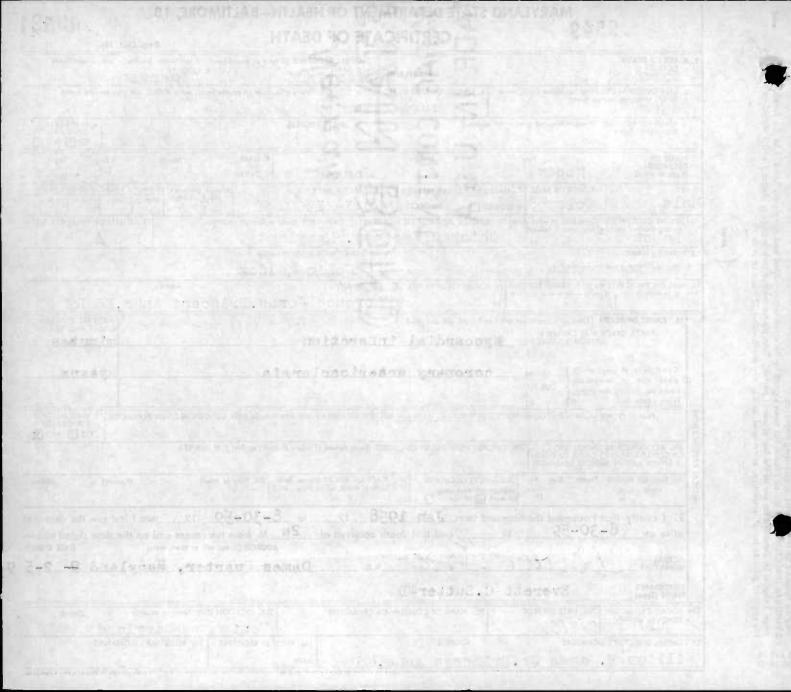
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CERTIFICATE OF DEATH

09522

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	rset	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryland	Vhere decease	d lived. If instituti		ce before a	dmission)	
	(If outside corporate limits, write	62 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Dames Quarter						
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street N	address)	d. STREET ADDRESS				e. IS C YE	S RESIDENCE ON A FARM? ES NO	
3. NAME OF DECEASED (Type or print)	First Rena	Middle Frances	Jones	4. DATE OF DEATH	Mon A		31 Doy	Yeor 19 59	
5. SEX female	6. COLOR OR RACE 7. MAR	ED DIVORCED	8. DATE OF BIRTH March IO, I		9. AGE (In years last birthday) 62 yrs.	IF UNDER Months		UNDER 24 HRS.	
10a. USUAL OCCUPAT during most of wo housew	ION (Give kind of work done bring life, even if retired)	, KIND OF BUSINESS OR IND	Marylan 14. MOTHER'S MAIDEN	nd	ountry)		.S.A	HAT COUNTR	
James C.	White		Clara Ro						
15. WAS DECEASED EV	/ER tN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		ehn H. Jone	s Dam	Addies Quar	2711	Md.		
PART I. DE 33/ Conditions, if gave rise to cause (a), stating lying cause lost	any, which (b) (b) (c)	Cerebral art Hypertensiv	erioscleros ve vascular	disea	ıse		year year	rs	
ICATI	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU				'EN IN PAR	PE	VAS AUTOPSY ERFORMED? S NO	
20c. TIME OF INJU	G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Day, Year 20d. While of wo	NJURY OCCURRED 20e. 1 Not while rk at work	PLACE OF INJURY (Home, far actory, street, affice bldg., et	m, 20f. (City	or town)		County)	(State)	
21. I certify to alive on	that I attended the decear 31,59 12 Everett C	Sittle,	66, 19, to_6 th accurred at6F	ADDRESS (S	n the causes of treet, city or town,	ind an th state)	he date s	stated abov	
220. BURIAL, CREMATI REMOVAL (Specification)	ON, 22b. DATE THEREOF 9-3-59	22c. NAME OF CEMETERY Dames Quar	ter Cemeter	y Da	TION (City, town, o	rter	, Mar	(Stote)	
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	0.7	TO BY REGIST		TRAR'S SIC			

requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low may be retained by
TO FUNERAL DIRECTO
page 3 should be de
the registrar prior to and completely filled in by the funeral

9551

CERTIFICATE OF DEATH

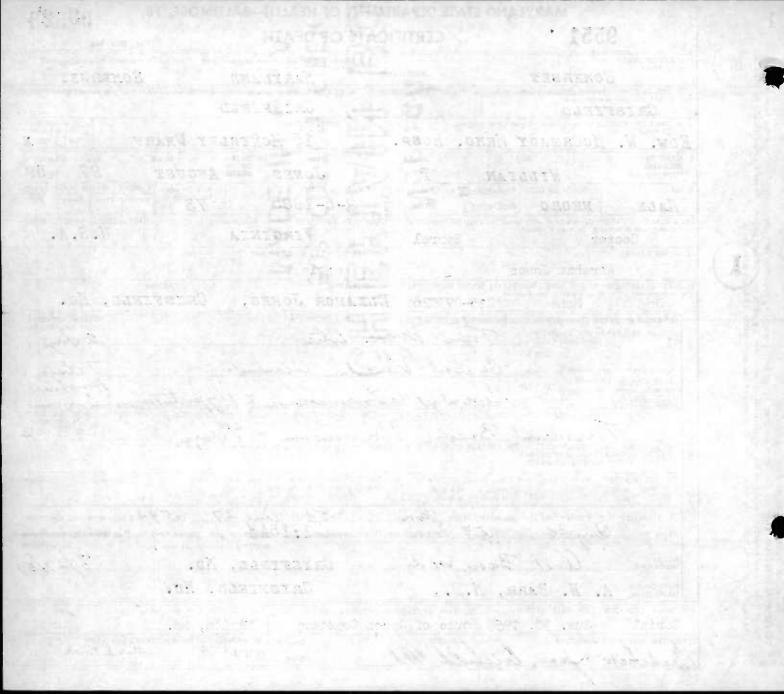
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	SOMERSET		MARYLAND	o. STATE	ENCE (Whe		lived. If institution b. COUNTY	Some	before admis	sion)
RURAL ond give r	TIELD		GTH OF STAY IN 16	39 0	RISF		ate limits, write R	URAL and give		
d. NAME OF HOSPI OR INSTITUTION EDW. W.	TAL (If not in haspital, gi	2.0	Hosp.	d. STREET A		KINL	EY WHA	LR F		SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	WILL WILL		$m{T}^{ ext{Middle}}$	Jos	NES	4. DATE OF DEATH	AUGUS 1		27 27	Year 1959
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED TO	DIVORCED	B. DATE OF BIRTH		9	9. AGE (In years last birthday) 75 yrs.	Months Do	YEAR IF UND	T
10a. USUAL OCCUPATI during most of wor	ON (Give kind of wark of king life, even if retired)		BUSINESS OR INDU		ACE (State of IRGI	-	untry)		J. S. A	
13. FATHER'S NAME	braham Jone	S	-	14. MOTHER'S		AME				
15. WAS DECEASED EV (Yes, no, or unknown) NO	ER IN U. S. ARMED FOR (If yes, give war or dates of se None	215-0	75026 E	INFORMANT LEANOR	JONE	ES,	CRISE	ress FIELD	, MD.	
Canditions, if a gave rise to cause (a), stating lying cause lost. PART II. OT	the under- CC (c) HER SIGNIFICANT CONI	Genel Gener DITIONS CONTRIB 1 Bas	ilas P	ulumo-	nie	Lent = 1 A NAL DISEASE - 2/6	yentes CONDITION GIV	VEN IN PART 1	PERF	AUTOPSY ORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yeo			LACE OF INJURY (Hame, farm,	20f. (City		(Cau	unty)	(State)
20c. TIME OF INJU Haur a. m. p. m. 21. I certify t alive an	nat I attended the aug 26	of wark of of deceased from	wark	м.d. <u>С</u> R.	1:15 1:15	DEFram to DDRESS (Str	MD.	d an the c	date state	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREO		AME OF CEMETERY	OR CREMATORY		22d. LOCATI	MD.	ar caunty)	(Sta	ote)
23. FUNERAL DIRECTOR	9 7		se of Jaco	ob Gemete	240 PEC'D	MATI BY REGISTE AUG 3 1	on, Md. RAR 24b. REGI	STRAR'S SIGN		

TO HOSPITAL OR ATTENCENCE PHYSICIAN: The law requires that the death certificate by may be retained by the pital or ottending physician.

TO FUNERAL DIRECTOR: "the this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remayer can the registrar prior to burial, cremation, ar remayal, and in any event within 72 habres offer. VS A15 (4) 15M 9/5B

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death



CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	omerset	7.5	MARYLAND	o. STATE	DENCE (Wh	nere deceased live	L COUNTY	Residence bei	
RURAL and give n	If outside corporate limits earest town). mith Island	, write	c. LENGTH OF STAY IN THE		ith I	outside corporate	limits, write RUR	AL ond give n	earest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, giv	re street a	oddress)	d. STREET A	DDRESS ell	3	23		e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	CLAYTON		Middle WINFRED	los MIDDLETON	it	4. DATE OF DEATH	Month		Day Yeor
5. SEX			ED NEVER MARRIED			lo	st birthdoy) A	Months Doys	R IF UNDER 24 H
Male 10a. USUAL OCCUPATI	ON (Give kind of work de	MIDOWEI	DIVORCED CIND OF BUSINESS OR INC	Jan. 12)4 yrs.	12.CITIZEN	DF WHAT COUNT
Waterman	king life, even if retired)		Seafood	Ewel	1, Sm	ith Isla	nd, Md.	U.S.	.A.
3. FATHER'S NAME Asb	ury Middlet	on		14. MOTHER'S		NAME y Corbin	40	- 71	
	ER IN U. S. ARMED FORC	ES? 16. S	8-16-8735 M	INFORMANT	e Mid	dleton	Address Ewell.		Island.
CATIC	the under DUE TO (c). HER SIGNIFICANT COND	on:	ONTRIBUTING TO DEATH B			V. 11		ribs IN PART 1(0)	19. WAS AUTOF PERFORMED YES NO
	AS UNDERVING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	OD. DESC	RIBE HOW INJURY OCCUR	KED. (Enter noture o	or injury in	roff I of Forf II o	r item ib.,		
20c. TIME OF INJU Havr a. m. p. m.	RY Month, Day, Year 19	While	UURY OCCURRED 20e. Not while ot work	PLACE OF INJURY (foctory, street, office			own)	(Count	y) (St
21. I certify the alive an	of lattended the sug. 12,	, 195 	ed fram Maxe. 9: , and that dec	th accurred at	5:30A Ori	M, from the ADDRESS (Street,	causes and city or town, sto	on the da	aw the decea te stated abo DATE SIG
	Aug. 16, 1		22c. NAME OF CEMETERY Ewell Cemet			22d. LOCATION Ewell,	(City, tawn, or Smith	_ ,,	(State) Md.
23. FUNERAL DIRECTOR			ADDRESS		24a. REC'	D BY REGISTRAR	24b. REGISTI	RAR'S SIGNAT	URE

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral Agrector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. G PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death pitol or ottending physicion. TO HOSPITAL OR ATTENTO MOY be retoined by the TO FUNERAL DIRECTOR: VS A15 (4) 15M 9/58

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VS A15 (4)

15M 9/5B

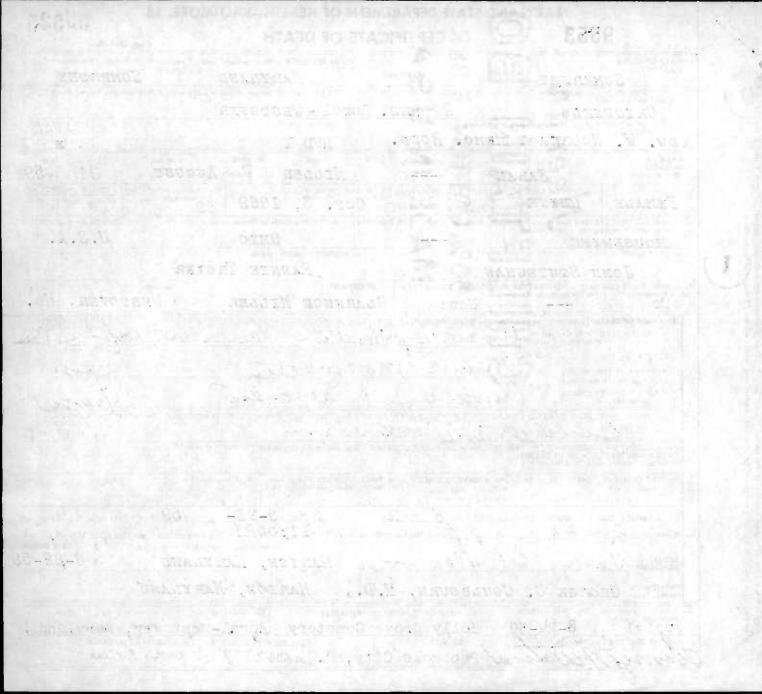
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119525

CERTIFICATE OF DEATH

9553 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND MARYLAND SOMERSET SOMER SE T b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Rural - WESTOVER CRISFIELDd. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? MCCREADY EDW. MEMO. HOSP. RFD YES 🚰 NO NAME OF Middle Last 4. DATE Month DECEASED OF DEATH AUGUST 1959 SARAH MILLER (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 9. yrs. 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 1869 Manths FEMALE WHITE OCT. WIDOWED A DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. OHIO HOUSEWIFE13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TROYER FANNIE JOHN STUTESMAN 16 SOCIAL SECURITY NO INFORMANT Address WESTOVER, CLARENCE MILLER No None 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour o. m. Not while ot work ot wark p. m. 159 that I last saw the deceased 21. I certify that I attended the deceased fram and that death occurred at 11.55 PMm the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) MAR YLAND MARION. SIGNATURE PHYSICIAN'S NAME (Type) COULBOURN, MARION, MARYLAND M.D.GEORGE 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burlal Rural-Westover. Holly Grove Cemetery 23. FUNERAL DIRECTOR'S SIGN ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATAUG 2 7 '59 Orthur & Kraus Pocomoke City, Md.



VS A1S (4) 1SM 9/SB 9554

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No.

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white WIDOV ON (Give kind of work done 10th king life, even if retired) 1 J. Nelson RIN U. S. ARMED FORCES? 16	Middle R. RRIED NEVER MARRIED DIVORCED DIVORCED RETIRED RETIRED NEVER MARRIED RETIRED DIVORCED RETIRED NEVER MARRIED NEVER MARRIED DIVORCED RETIRED RETIRED NEVER MARRIED DIVORCED RETIRED NEVER MARRIED NE	STRY 11. BIRTHPLACE (Stormary	4. DATE OF DEATH 875 10 los te ar foreign country land	Month Aud	IF UNDER 1 YE Months Doy	e. IS RESON YES DO NO YES DO	SIDENCE FARM? NO 1
Fred 6. COLOR OR RACE white white whove sing life, even if retired) 1. Nelson R. IN U. S. ARMED FORCES? 16	Middle R. RRIED NEVER MARRIED DIVORCED DIVORCED S. KIND OF BUSINESS OR INDUS	Nelson B. DATE OF BIRTH NOV. 7, 1: STRY 11. BIRTHPLACE (S10 Mary 14. MOTHER'S MAIDEN	875 9. AC loss te ar foreign country land	GE (In years I t be heavy) yrs.	IF UNDER 1 YE Manths Day	DZ8 EAR IF UNDI	Year 59 19 ER 24 HRS.
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*1 J Nelson RIN U. S. ARRED FORCES? 16	Retired	Mary	land)		OF WHAT	
ER IN U. S. ARMED FORCES? 16				38/		U.S.	OUNTRY
(If you give were or deley of service)		2.002.5	Dozman		- 53		
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eralized arto	erisclerosis	anemia			34 114 1 101 161	PERFC	NO .
While	e Nat while for			wn)	(Cour	ity)	(State
Everett C	. SutterMD	M.D. Dames	M, fram the ADDRESS (Street, Care) Quarter 22d. LOCATION	causes and city or town, so Mar	I an the ditate) yland	B=29	d abave re signer 2-59
a i R	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO (b) DUE TO (c) HER SIGNIFICANT CONDITIONS CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Year 20d. Whill 19 CON, 22b. DATE THEREOF	DUE TO Coronary arte Coronary arte DUE TO Coronary arte DUE TO Coronary arte DUE TO Coronary arte Coronary arte DUE TO Coronary arte Coronary arte Coronary arte DUE TO Coronary arte DUE TO Coronary arte Coronary a	ATH WAS CAUSED BY: Myocarddal infarction	ATH WAS CAUSED BY: Myocarddal infarction	ATH WAS CAUSED BY: Myocarddal infarction DUE TO	ATH WAS CAUSED BY: Myocarddal infarction	ATH WAS CAUSE BY: Myocarddal infarction

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

119527

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Somerset		MARYLAN	11 0	SUAL RESIDENCE (V STATE MARY	Where deceases	d lived. If instituti b. COUNTY		e before adm	ission)
RURAL ond give n	IELD		NGTH OF STAY IN	1b c	CITY OR TOWN (IF	outside corpo	rote limits, write f	RURAL ond g	ive nearest to	wn) 2
EDW. W.	MCCREADY	MEMO.	**		d. STREET ADDRESS				ON	A FARM?
3. NAME OF DECEASED (Type or print)	First ELL		Middle		POTTER	4. DATE OF DEATH	AUGUS		25	Year 19 55
5. SEX FEMALE	6. COLOR OR RACE 7 NEGRO W	MARRIED _	NEVER MARRIED [TE OF BIRTH	rox.	9. AGE (In years lost birthdoy) 82 yrs.		1 YEAR IF UN Days Hour	-
CRAB PI 13. FATHER'S NAME			OF BUSINESS OR IF		MAR Y	LAND		12.CIT12	U.S.	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE (If yes, give war or dates of servi	S? 16. SOCIA	L SECURITY NO.	INFOR			Add	ress RYMA	N, MI	0.
Conditions, if of gove rise to it couse (o), stoling lying couse lost. PART II. OTH	m mediote	IIONS <u>CONTR</u>	IBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PART	PER	FORMED?
20a. ACCIDENT WA	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE I	HOW INJURY OCCU	URRED. (Ent	ter noture of injury in	n Port I or Por	t II of item 1B.)		163 [NO []
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeor		OCCURRED 20e	e. PLACE O foctory,	PF INJURY (Home, for street, office bldg., e	rm, 20f. (City	or town)	(C	ounty)	(Stote)
actual SIGNATURE PHYSICIAN'S NAME (Type) S	N. 22b. DATE THEREOF	1959 PEYTOI	, and that de	eath acc	CRIS	OPMom ADDRESS (S SFIEL1	the causes ar	nd an the stote) (LAND	date state	deceased ed abave ATE SIGNED
Buria (Specify)		9 Me	arumsco Ce		ry		n Statio			

moy be retained by the pital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the buriol-transit permit. VS A15 (4) 15M 9/5B

ter this certificate has been signed by the attending physician and completely filled in by the funeral for use as the buriol-transit permit. Then please remove corban popers. Pages 1 and 2 should be

r use as the buriol-transit permit. Then please rem ematian, ar removal, ond in any event within 72

the registrar prior to buriol

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death

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TO HOSPITAL OR ATTENTION OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pamay be retained by the pital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral case as should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed the registrar priar to burial, cremotion, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09528

9556

Reg. Dist. No.

a. COUNTY	omerset	MARYLAND	2. USUAL RESIDENCE (Where a. STATE Maryla	a L country	Somerse Somerse	
RURAL and give n	If autside carporate limits, write earest tawn) incess Anne	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	de carporate limits, write RI	URAL and give near	est tawn)
d. NAME OF HOSPI' OR INSTITUTION	TAL (If nat in haspital, give str	eet address)	d. STREET ADDRESS		е	IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)	Stella		well Lost 4.	OF August	th Day	
female	9 9 9	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 3, 188	9. AGE (In years last by though) yrs.	Manths Days	Haurs Min.
during mast of work Housewi	king life, even if retired)	0b. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State or Maryland	fareign country)	U.S.	WHAT COUNTRY
3. FATHER'S NAME Samue	l Taylor	Marie 18 1	Amanda F			
5. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT rs. Henry Bai	ley: Princ		, Md.
Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate the under-	ripherica.	Nyocordin Vascular sis Prospra	Deceus;	3	molhs.
PART II. OTH	AS UNDERLYING 20b. E	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part	I or Part II af item 18.)		PERFORMED? YES NO
20c. TIME OF INJUR Hour a. m. p. m.	Wh		LACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty)	(State
21. I certify the	nat I attended the dece	and that deat	h accurred at 3.33M	from the causes and operation of the causes and operation of the causes and operation of the causes are the causes and operation of the causes are the causes and operation of the causes are the causes		the decease stated abov DATE SIGNE
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	90 ne 8.10]	an program	.m.b.		1	1

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ADDRESS

William H. James Jr. Princess Anne, Md

114529

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland omerset c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) olk Road Near Princess Anne . Md d. STREET ADDRESS ON A FARM? YES NO NO 4. DATE Month Year DEATH 19 50 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months YES. 12. CITIZEN OF WHAT COUNTRY? Lucy Waters Address Aruza Smith Princess Anne Maryland INTERVAL BETWEEN ONSET AND DEATH 3 at days Vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) 21. I certify that I attended the deceased fram 8-19-59..., 19..., to 8-30-59..., 19..., that I last saw the deceased .___, and that death accurred at 62 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 9- 2-59 M.D. Dames Quarter, Maryland 22d. LOCATION (City, town, or county) Macedonia Quarter, Maryland Dames 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

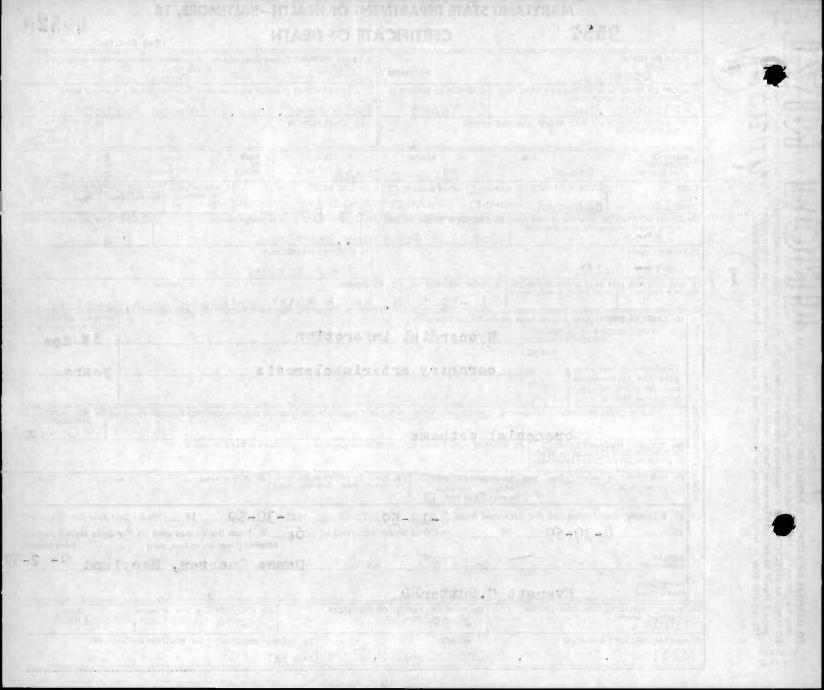
4 '59

DATE SEP

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0 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09530

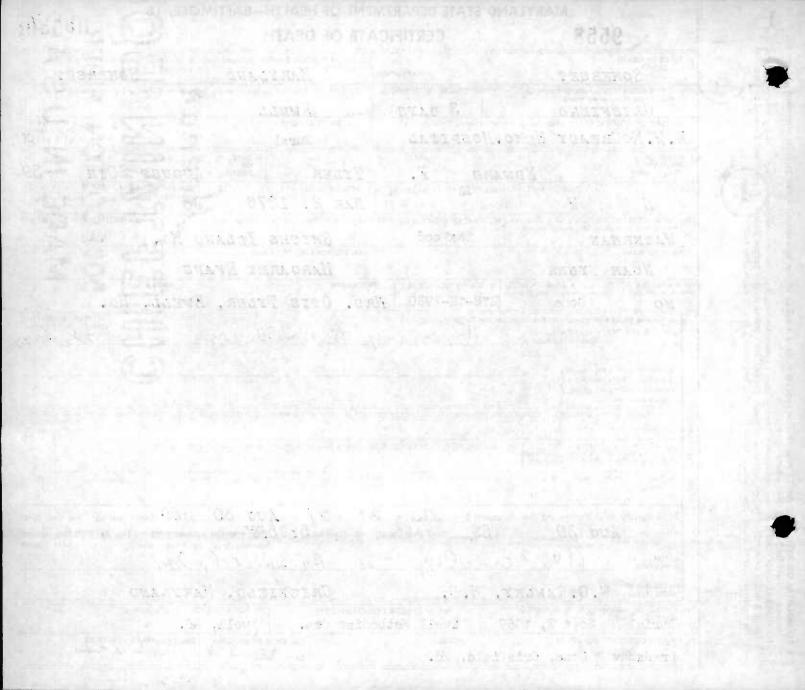
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			4	F	0	U	1
.00	Dist	No					

1. PLACE OF DEATH o. COUNTY SOM	ERSET		MARYLAND	2. USUAL RESI	MAR YL		d. If instituti b. COUNTY	α	e before odm	
RURAL ond give	(If outside corporate limit nearest town) FIELD		GTH OF STAY IN 16		TOWN (If outs)	ide corporate l	imits, write R	URAL ond gi	ive nearest to	wn)
d. NAME OF HOSE	ITAL (If not in hospital, g READY ME)		TAL	d. STREET A			2		ON	A FARM?
3. NAME OF DECEASED (Type or print)	E_1	DWARD	F_{ullet}	TYLER	4	DATE OF DEATH	AUGU	-	Doy DTH	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARRIED X	DIVORCED _	B. DATE OF BIRTI		6 9. A	GE (In years st bipthdoy) yrs.		YEAR IF UN Doys Hour	
WATERM 13. FATHER'S NAME	ION (Give kind of work orking life, even if retired) AN TYLER		F BUSINESS OR INDU	SM 14. MOTHER'S	TTHS	ISLAN	D MD		USA	TCOUNTRY?
	ER IN U. S. ARMED FORE			INFORMANT			Add EWEL.		0.	
ICATIC	immediate DUE TO the under: (c) (c)) DITIONS <u>CONTRIB</u>					4.19	/EN IN PART	PERI	S AUTOPSY FORMED?
20c. TIME OF INJU	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Yea	r 20d. INJURY C		ACE OF INJURY (actory, street, office	Home, form,	20f. (City or to		(Cc	ounty)	(Stote)
	to G. RAWLI	, 1959 Cuu	m. ass g. 7, and that death	м.р		DRESS (Street,	causes an	d an the		
220. BURIAL, CREMATI REMOVAL (Specify BUL 18	1 -	220, 14	AME OF CEMETERY C		22	d. LOCATION Ewell,			(Si	ote)
23. FUNERAL DIRECTO Bradshaw	& Sons, Cr		Md.		24a. REC'D B	Y REGISTRAR P 3 '59		STRAR'S SIGI		

TO HOSPITAL OR ATTENTING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the pital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample of filled in by the funeral expectar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/58



FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9541 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()	y	5	3	4
		U	9	5

		Reg. Dist. No.						
1,	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	DOTHERSET MARYLAND	o. STATE Naryland b. COUNTY Somerset						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Cristield Life time	x Cristield						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	/ d. STREET ADDRESS e. IS RESIDENCE						
		RF.D. 1 BOX 219 VES NO NO						
3.	NAME OF First Middle	Lost 4. DATE Month Day Year						
	(Type or print) JEANGE Mamas	Williams DEATH August 2 1959						
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . B.	DATE OF BIRTH 9. AGE (In years IFUNDER 1YEAR IFUNDER 24 HRS.						
	Male Negro WIDOWED DIVORCED	April 15 1913 46 yrs. Months Days Hours Min.						
	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY M. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?						
	heatood	Maryand U.S.						
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	George H. Williams	Grace Coulbourne						
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN In. no. of unknown) [(If yes, give war or dates of service)	FORMANT Address						
	NO 104-09-219201	Drim Williams Fourt of Mi						
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	A / O						
PART I. DEATH WAS CAUSED BY, Died Buring Night during Slolp hy PART AND DEATH								
Conditions, il ony, which gove rise to immediate cause (a), stating the underlying DUE TO DUE TO								
							couse last. (c)	'Bw .
						CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION OF THE TOTAL PERFORMEDS A
3		DEPUTY MEDICAL EXAMINE IN Lat to Lat to Lat to Late of injury in Part						
CERTIFI	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (EX	nter noture of injury in Part t or Part II Wiemmanogino						
MEDICAL	Place TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE Hour a, m. While Not while	E OF INJURY (Home, form, 20f. (City or town) (County)						
ME	p. m. 19 of work at work							
1	21. I certify that I took charge of the remains described above	ve, held an Autopsy 🔲, Inspection 💢, Inquiry 🔲, ond in my						
	opinion deoth resulted from: Natural couses X. Accident	, Suicide , Homicide , Undelermined monner						
	my for 10							
	SIGNATURE FIN COULDOWN	_M.D. CHIEF MEDICAL EXAMINER						
	EXAMINER'S	ASSISTANT MEDICAL EXAMINER []						
	NAME (Type)	DEPUTY MEDICAL EXAMINER W						
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or couldy) (State)						
1	BURIAL AUG. 4797 LAWSONIA	CRISFIELD, SOM NO						
73.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	+ MOSICS A- Ward Marcon	HIG DATAUG 7 '59 Chilling S. Kraus						

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certification from the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Proceed a should be farwards. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, crematian, ar removal, and is any event within 72 hours after death. VS. A15ME 5M 2/57